# FOR STATE HEALTH DEPT. Division 1. PLACE OF DEATH COUNTY

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 1936 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)

× 8 4	o. COUNTY	e. STATE b. COUNTY	1
Pa P	Harford County MARYLAND	Maryland	1
SET NA	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest	town)
5 0 0 IVI	Edgewood	North East 0 7X	-2
is and is	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)		S RESIDENCE
8 7/			ON A FARM?
de ne	Harford Memorial Hospital		□ NO X
a funda fund	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day	Yeer
The the shade of t	(Type or print) ROBERT A		1962
th the		ALEXANDER   February 5 DATE OF BIRTH   19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 1	DER 24 HRS.
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3		last birthday) Months Days Hour	s Min.
an 2	Male White   WIDOWED   DIVORCED	8/7/30 31 Yrs.	
afte o 5,2, o 5 o 5 o 5 o 5 o 5 o 5 o 5 o 5 o 5 o 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA	T COUNTRY?
ag lag	Truck Driver General Trucking	Manuel and	A
hou hou sage sage sage sage sage sage sage sage	13. FATHER'S NAME	Maryland U. S.	A
4 d × 6 ×			
E E E	Auburn Alexander	Beatrice Reynolds	
£ . 5 . 8	(Vac as as unknown) ((fives sive were address of services)	PORMANT Address	
T C E E	1 /1/=/4=31001	s. Robert A. Alexander, North East, M	owil on
wii wii wii an	18. CAUSE OF DEATH  Enter only one cause par line for (a), (b), and (c).]	I INTERVAL	BETWEEN
Die Sie	PART I DEATH WAS CAUSED BY.	ONSET AN	ID DEATH
alo alo	IMMEDIATE CAUSE (e) Gunshot wound of head	i and brain	
al-t	DUE TO		
uld Writing Ova	Conditions, if any, which (b)		
sho S S S S S S S S S S S S S S S S S S S	geve rise to immadiata causa		
din din	(a), stating the undarying		
fica en ed	causa last. (c)_		
xa xa us tior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		REORMED?
ord be be	[5]	YES X	
Se die	208. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (Ent	er natura of injury in Part I or Part II of itam 18.)	
Sho the	20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING DO CAUSE OF DEATH.		
n de	Shot in head	OF BUILDY (II	10
Chije o		OF INJURY (Homa, farm, 20f. (City or town) (County) y, streat, office bldg., etc.)	(Steta)
Pa Pa		otel Edgewood, Maryland	
E de la	21. I certify that I took charge of the remains described above, held		opinion
発売がなった。			
E Gert	death resulted from: Natural gauses , Accident , Suicide		
a E S		CHIEF MEDICAL EXAMINER	
5 0 0	SIGNATURE SCHOOL ST. Market	M.D. ASSISTANT MEDICAL EXAMINER X	SIGNED
RAI ignat		DEPUTY MEDICAL EXAMINER	
D X D M 8	EXAMINER'S / HOWARD G SHAIIR M D		160
0 320	NAME (Typs) HOWARD G. SHAUB, M. D.  228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR C	Addrass (Streat, city, town, or county)  REMATORY   22d, LOCATION (City, town, or country)	(Steta)
	REMOVAL (Specify)		
0 g 4 0 g	Buzial 2-8-62 North East Meth	nodist Cem. North East, Maryland	
. 0	23. FUNERAL DIRECTOR PLAN ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
VS. AISME	Tostal D. Cront North Fact Manual	and DATE 2 SCO	
SM 9/60	Joseph R. Grant North East, Maryl	TEB 8 162 Contag & House	

in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirdeath, Page 7 may be retained by the hospital or attending physician.

TO FUNERA "RECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 8 01937

	CE OF DEATH		- 1			CE (Where decessed fived, If		ence before edmission)
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		outside corporete lim	ite	c. LENGTH OF STAY IN 16	Maryland	If outside corporete limits, write	Harfor	
	write RURAL end	give nearest town)		Dead on		ii odiside corporete ilitins, witte	KOKAL GIIG 914	e liegiosi lowili
		oving Grou		Arrival	X Abingdon			
d, N	AME OF HOSPIT	AL OR INSTITUTION (	if not in hos	spitel, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
	rmy Hos					A SELECTION OF THE SELE		YES NO E
3. NAI	ME OF EASED	First		Middle	Last	4. DATE Month	De	y Year
(Туре	e or print)	CONW			ORUFF	DEATH Februar		1962
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED   B	, DATE OF BIRTH	9. AGE (In years last birthday)		
Ma;		Cau	WIDOWE	DE DEVORCED Au	gust 16, 1899	- /-	Months Deys	Hours Min.
1Da. US	UAL OCCUPATI	ON (Give kind of world	l Db. K	IND OF BUSINESS OR INDUSTR		nty & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	ired Off	king life, even if retire	I.	3 Army	Claybourn		TROA	
	THER'S NAME	TCGT	- CA	2 THE	14. MOTHER'S MAIDEN		USA	
13. FAI	HER 3 NAME				14. MOTHER'S MAIDEN	NAME		
	Samps	son Boruff			Elizabet	h Butcher		
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO.   17.	INFORMANT	Address		
Yes, no	, or unkown) (If	yesgive war or dates of s		2-28-0183 Mrs	. Ruth Boruf	f (Wife) Abina	10m 7/4	
	CHITCH ON D	MMT & MM	1		. num borul.	r (arre) worus	don, Md.	
10.			cause per	line for (a), (b), end (c).]				NTERVAL BETWEEN ONSET AND DEATH
		I WAS CAUSED BY: MMEDIATE CAUSE (e)	Cor	onary Occlusion	a. Massive			Unk
3-51	Ent \	DUE TO						
	1000	2						
	nditions, if eny	1-1						
	e rise to immedia , stating the un	> DUE TO					- 33	
	sa last.	(c)						
z	PART II. OTHER	SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
2								PERFORMED?
3								YES NO .
OR OR	CONTRIBUTING	S UNDERLYING   CAUSE OF DEATH	2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury In	Pert f or Pert II of item 18.)		CM STATE
	EITHER, NOTIFY	MEDICAL EXAMINER)						
\$ 200	. TIME OF INJUI	RY Month, Day, Ye			CE OF INJURY (Home, ferr		(County)	(State)
WEDICAL 200	Hour a.m.	19	While at wor		tory, street, office bldg., etc			
			. 2			10	10	1 . (1) ( -) 1
21.	I certify if	nat (I) (this hospi	tal) atten	ded the deceased from.		19, to	, 19	that (I) (we) las
sav	w the decease	ed alive on.			death occured at	20, Plym the causes	and on the	date stated above
22e	. SIGNATURE	1		1 am				22b. DATE
	Han	lande	ul	the can mon		MED. STAFF DIRECTOR PHYS.	Februar	y 13,1962
220	. PHYSICIAN'S		- JULY		22d. ADDRESS	Albe	erdeen H	roving
	NAME (Type)	ARIAND WHI	TE . C	aptain. MC US	Army IS Arm	y Hospital, Gre		
23a. BL	JRIAL, CREMATIC	ON, 236. DATE THE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	wn or county)	(State)
REM	OVAL (Specify)	0/15/200	30	Book Europe	Home	Carl mondo To	000 00	Ohio
- Me	moval	CALLANDINE	15	Reeb Funeral	nome   25a pr	Sylvania, Lu	GISTRAP'S SIGN	ATURE
19 44	LANDIRECTOR	Wi Comes)	Q					
How	ard K. N	de Comas &	Son	Abingdon Ma	ryland. DANGER	19'62   and	hur S. That	W.
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more I. Le Cinsi Bon Joington Arginia.

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# FOR STATE HEALTH DEPT. ector. Page our files. TO DEPUTY INDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please exect. A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boo or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. AISME SM 9/60

01938

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01919

	1. PLACE OF DEATH  O. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) e. STATE b. COUNTY
	MARYLAND	Jaga Wayas
Y	b. CITY OR TOWN (if outside of regrate limits, c. LENGTH OF STAY IN 1b write RURAL and give hearest toyo)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)
J	Frust Hall 16 years	X trest Hall
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
Н	Pritago Road	Ontran Con YES NO ST
	3. NAME OF First Middle	Last 4. DATE , Month Dey Yeer
	(Type or print) tuge ve Thomas Buc/	// OF F.
Н	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	WIDOWED DIVORCED D	ec. 19, 1881 80 yrs.
	106. USDAL OCCUPATION (Give kind of work done duite and street and	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Purchasing Agent Miners	Howard County, Md. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	George Buckingham ?	Standiford ?
J	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT 1840 E. Joppa Road
	(Yes, no, or unkown) (If yes give war or detes of service)	
	NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),]	100100
d	PART I. DEATH WAS CAUSED BY:	TE C V dises se INTERVAL BETWEEN ONSET AND DEATH
ı	IMMEDIATE CAUSE (2) P1 4770 SCICTORIA	9136336
	DUE TO	
	Conditions, if eny, which (b)	
	geve risa to immediate cause	
	(e), stating the undariying	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY
	O F	PERFORMED?
	Y	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Pert I or Pert II of item 18.)
	ZOc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State)
	The same of the sa	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	
	death resulted from: Natural causes . Accident ., Suici	de Homicide Undetermined manner
ď	9 0000	CHIEF MEDICAL EXAMINER DIA A.
	SIGNATURE LEVELL ( ) almer	M.D. ASSISTANT MEDICAL EXAMINER   BATE SIGNED
4	EXAMINER'S Ger-sld C Polner- 11)	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  2-13-62
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stata)
	Burial 2/19/1962 West Laurel	Philadelphia Pa.
1	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
	Charles & Kust Jarrellinello	Mil DATE EB 1 5 '62 Orthun & Kraus

01810 In howard personal Inducano that Eugene Thoras Bushingham Tationary 13 62 Anteriordenotic Coldiscose Rep Aving the s Linelle C Robins 64-118 C Polones - 119

# director, TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 has certificate has been executed by the attending physician and completely filled in by the funeral directly death certificate assembly should be detached for use as a burial transif permit. **2HYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed with my be retained by the hospital or attending physician. INSTRUCTIONS

TO ATTENT

After this

after death.

24 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9 Film G308 3/2/62 iwk

01920

Reg. Dist. No.

01939

# CERTIFICATE OF DEATH

ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY Harford MARYLAND	STATE M & COUNTY HOUY	ford
	CITY (If outside corporate fights, write RURAL LENGTH OF STAY OR and give nearest town).  TOWN (in this slate)	CITY (If outside corporate limits, write RURAL and give nearest town) OR	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS Rural	
	3. NAME OF DECEASED (First) (Middle) E Charles	(Last) 4. DATE (Month) (Day) OF DEATH RUDO	(Yaer) 19 6 2
	Male Grace 7. SINGLE MARRIED, WHO WED, SINGLED, (Specify) Mar	And 1876 8/DLyrs. Months Deys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN COUNTY  Hartord Co Md 2	N OF WHAT
	Flian Chahman	14. MOTHER & MAIDEN NAME Chopm	ar
	15. WAS DICEASED EVER IN.U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, 16) St unk.) (If Yes, also war or dates of service)	2 17. INFORMANT & ADDRESS Charles Cha	Junas
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	TIFICATION of an hy gran Mitter ons	ET ASO DEATH
	33 / IMMEDIATE CAUSE (A) White	sure s	day
-	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	allus Delems	<del>-</del>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a localent 6m	w
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. YES	. AUTOPSY?
	218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	Tic. WHERE DID INJURY OCCUR? (City or town) (County)	(Steta)
	21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21e. INJURY OCCURRED White Not while at work	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from MMA		
	alive on		ATE SIGNED
	Nudlas Fullys mo.	Darlington md 2	122/62
	23. BURIAL, CAEMATION, PARTY OF CEMETERY OR PROPERTY OF STATE OF CEMETERY OF STATE OF STATE OF CEMETERY OF STATE O	Run Harford Cont	(State)
	DATE FEB 2 7 '62 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE O ADDRESS HORIZON	slorth,
-	A Marie Control of the Control of th		

CERTIFICATE OF DEATH

MARYLAND	STATE	DEP	ARTMENT	OF	HEALTI	H

MAKIL	AND STATE DEPAK	IMENI OF HE	ALIH
DIVISION OF STATISTICAL RESEAR	CH AND RECORDS, 301	W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
01940	CERTIFICATE OF	DEATH	01921
0.20.20			

ULU XU	
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
HARFORD MARYLAND	MARVLAND HARFORD
b. CITY OR TOWN (if oulside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
TAVRE do (SRACE	XEDGEWOOD
d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE
HARFORD MEMORIAL HOSPITAL	40 STARR ST. ON A FARM?
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print)	ULLIER DEATH FEB. 16 1962
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	EB. 16, 1962 lest birthday) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stale, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HARFORD CO. MD ILSA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DONALD COULTER	HFLEN R. MCROBERTS
	INFORMANT Address
Yes, no, or Inkown) (Ifyesgive war or dates of service)	
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Congenition	early Jacking
757 S DUE TO Core	chambered hert
Conditions, if any, which (b)	
gave rise to immediata cause (a), stating the underlying  DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Enter nature of injury in Part I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fac	ctory, street, office bldg., atc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from.	7/14, 1967 to
saw the deceased alive on 2/10 19 6 and tha	t death occured at i.O.S. from the causes and on the date stated above.
22a. SIGNATURE	22b, DATE
1 XIII	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or gounty) (State)
REMOVAL (Spacify) 2/16/62 phorford mes	n. Hospita Have de Brown, ord.
4 FUNERAL DIRECTOR'S SIGNATURE	are 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR'S SIGNATURE SAPORESS. Un	are 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  LIVE MATE FEB 2 6 '62 Cuttury S. Thrus

15(11) EDGENERO THURE de 14 CACE THERE S MEMORIES AS HOSTONE 40 STARS 15 16 11 16 9 TH HALFORD WE MED LISH Comment of the second the sale of the sa with the same of the property of the same of the the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) 1. PLACE OF DEATH . LOUNTY b. COUNTY a. STATE 4 7 P MARYLAND c. CITY OR TOWN (It outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (it outside corporate limits, by an write RURAL end give mearest town e. IS RESIDENCE oddress) NAME OF HOSPITAL OR INSTITUTION (if not in hospital. d. STREET ADDRESS ON A FARM? YES NO papers. n 72 ho completely 4. DATE Day NAME OF Las Month DECEASED OF DEATH (Type or print) 64 and con carbon at, withir 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX &. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Min. Dave Hours WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY & State, or foreign country) done during most of working life, even if retired) STONE OREMAN and in a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME hospital or attending physician. certificate has been signed by the attending IRCHER Then 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? or removal, (Yes, log or unkown) | (If yes give war or dates of service) 105. CULLUM as the burial-transit permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one tause per line for (a), (b), and (c) ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 0 PERFORMED? NO V USB Drior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [] for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 2De. PLACE OF INJURY (Home, farm, (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 2Df. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. RECTOR: at work at work p.m 99 196.3 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. plnous 62- and that death occured ab...A.M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 220. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS FUNERA 22d. ADDRESS PHYSICIAN'S NAME (Type) director, be filed 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, | 235. DATE THEREOF REMOVAL (Specify) TO CROBA BURIAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61 Cuthur & Thomas

24 hours after

within

executed

certificate

law requires that the death

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retained

OR

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO FUNERAL

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	4		11524
	. 4	A THE MAN THE	Id . Deleted Committee
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			attravel passing without

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 pay be retained by the hospital or attending physician. TO FUNERAL SCIOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 Kould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)-15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01924

01345				
PLACE OF DEATH			here deceased lived, If institutions R	esidence before admission)
HARFORD	MARYLAND	a. STATE Ma.	b. COUNTY HA	REOND
b. CITY OR TOWN (if outside corporate timits,	c. LENGTH OF STAY IN 16		de corporata limifs, writa RURAL and	
write RURAL end give neasest town)	7. LAVS	X		
JAURE DE LA CE J. NAME OF HOSPITAL OR INSTITUTION (if not in	20011/3	d. STREET ADDRESS	ンにた	a. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN	nospirei, give street accress)	d. SIREEI ADDRESS		ON A FARM?
TARTORD MEMORIAL	- HOSPITAI		Contract of the second	YES NO
NAME OF First	Middle		DATE Month	Day Year
(Type or print) (Deen ID	V. F		EATH LORPHAPU	24 1962
SEX 6. COLOR OR RACE 7. MAR	DDIED ANEWED MADDIED 1 8	DATE OF BIRTH	9. AGE (In years   IF UNDER 1	YEAR IF UNDER 24 HRS.
		10 . 5 5 1010	ast birthdey) Months I	Deys Hours Min.
PALE White WIDO		MAK, +0,171	O ALE	
d. USUAL OCCUPATION (Give kind of work preducing most of working life, even if retired)	LE KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & S	itete, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
MILLWORKER	DLATE	STEWARTST	OWN. PA.	1.5 A.
. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Cliet ( Tit)		Manus	7 (0 ) 21 01 01	
WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17. I	NFORMANT TO	ORKINS Address	
as, no onunkown)   (Ifyesgivewerordetesofservica)	215-07-9107		<b>*</b>	10 M-
100		MRS. ALI	CE LATON, CA	TK2 ILE IND
18. CAUSE OF DEATH [Enter only one cause of	per line for (e), (b), end (c),	1		ONSET/AND DEATH
PART I. DEATH WAS CAUSED BY:	RON AR, Thu	whoses		4days
1 h	1-070			- Griy
DUE TO				
Conditions, if any, which gave rise to immediate cause				
(a), stating the underlying DUE TO				
ceuse lest. (c)	A LINE STATE OF THE REAL PROPERTY.	THE PERSON NAMED IN COLUMN		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
				PERFORMED?
2De, ACCIDENT WAS UNDERLYING   2Db.	DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in Part I	or Part II of item 18.)	110 🗀 110 🔼
OR CONTRIBUTING [] CAUSE OF DEATH	DESCRIPTION MOON OF COMP	, (2)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
		CE OF INJURY (Home, ferm, 2)	Of. (City or town) (Cour	nty) (Steta)
	/hile Not While tect			
21. I certify that (I) (this hospital) at	tended the deceased from	70h 105	3 10 FPR. J. 4 10.	(1) that (1) (wa) last
7-4-				
	iy and that	death occured atm.A.M	, from the causes and on t	
228. SIGNATURE	7.00	ATTENDING MED.	STAFF	22b. DATE
Midle Hull	in me	.D. PHYS. DIRECT	OR PHYS.	3-34-6
22c. PHYSICIAN'S	00 11	22d. ADDRESS	T \ 11 ==	1.
NAME (Type) A redbey &	hillips me	HARIN	9/00 MARCY	1AND
a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY   23	LOCATION (City, town or county	(State)
KIMOVAL (Specify)	N -7 L	00115	Duren	Mx
12081Yr 7-71-8	7 27, 111	HRY3	LAFFORFE	1 1.10.
MINERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY	REGISTRAR 25b. REGISTRAR'S	SIGNATURE
John H. Harbers,	WELTA, TA.	DATE MAR	1 '62   alley 9	Flores
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14.71 an and the said of the Contain the transfer of the state of the sta AND THE MET STREET STREET STREET William E GAIN CORRESP SIE with a suppression of the superior of the superior of the superior when the themen y Distriction

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased fived, if institutions Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Harford Harford Maryland the d MARYLAND by the b, CITY OR TOWN (if oulside corporala limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limifs, write RURAL and give nearest fown) write RURAL end give nearest town) 23 hrs Rural Aberdeen Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE US Army Hospital Aberdeen PG Md ON A FARM? Route # YES NO papers. n 72 ho completely 3. NAME OF Last 4. DATE Dev Middla Month Year DECEASED (Type or print) HILTON CIAY FARMER DEATH Feb 27 62 19 within and cor 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) White Male WIDOWED [ DIVORCED 29 Aug 1909 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) Ash, North Carolina
14. MOTHER'S MAIDEN NAME Carpenter
13. FATHER'S NAME Construction USA please ding James P Farmer Myra E Sapp aftend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes giva wer or dates of service) Mrs Elizabeth Farmer (Wife) same as 2 above No 186-14-7466 the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 Increased intracerebral pressure 23 hours IMMEDIATE CAUSE (e) cremation, the burial-transit DUE TO producing respiratory arrest and cardic arrest Conditions, if any, which certificate has been geve rise to immediate cause DUE TO (a), stating the undarlying injury (missile) to brain PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 800 NO X use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part t or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) RECTOR: After this sould be detached for Small missile penetrated skull (nail from power tool) 20d. INJURY OCCURRED & 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) WEDI Hour e.m. 10:30 Not While Ö Aberdeen PG Harford Md et work T et work Work saw the deceased alive on Feb 27 19.62, and that death occured a Ok...M, from the causes and on the date stated above. 22b. DATE 220. SIGNATURE STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. Feb 62 death. Page 4 director, page be filed with the M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) SAMUEL ABRAMS US Army Hospital Aberdeen PG Md NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. 23c. REMOVAL (Specify) resulerian 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

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OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY a. STATE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) RACE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ed ress) E d 3. NAME OF DECEASED (Type or print) carbon (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdey) and Months DIVORCED | WIDOWED physician JAL OCCUPATION (Give kind of work KIND OF USINESS OR HOUSTRY | 11. BIRTHPLACE (County & State, or lareign country) ng/most of working life, even if retired) 13. FATHER'S NAME ease 14. MOTHER'S MAIDEN NAME 2 attending 0 D 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. Then removal, (Yes, no, or unkpwn) | (Ifyesgivawarordatesofservice) physician. permit. 18. CAUSE OF DEATH [Enter only one ceus er line for (4), (b), end signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating tha underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION 98 use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, 2Dd. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Hour a.m. et work RECTOR: D.M. 21. I certify that (I) (this hospital) attended the deceased from Th.:...19.6.2., and that death occurred at I.P...M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED PHYS. DIRECTOR PHYS. M.D. death. Page 4. 22c. PHYSTCIAN'S 22d. ADDRESS NAME (Type) CEMETERY OF GREMATOR 23a BURIAL, CREMATION, or county) REMOVAL (Specify のきる 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUR VR A15 (4) DATE

DIVISION OF STATISTICAL RESEARCH AND RECORDS.

MARYLAND STATE DEPARTMENT OF HEALTH

TON STREET, BALTIMORE 1, MARYL

a. IS RESIDENCE ON A FARM?

YES NO

Yeer

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

(County)

NO

(State)

(State)

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01945 CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY				nstitution: Residence before admission)
	Harford	MARYLAND	a. STATE Mary	land b. COUN	Harford
	b. CtTY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporate fimits, write	RURAL and give nearest town)
	Write RURAL end give neerest town) Bel Air	5 years	32Bel Air		
	d. NAME OF HOSPITAL OR INSTITUTION (if not I	n hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE
	441 Moore's Mill	Road	441 Moo	re's Mill Ro	on a farm?
3.	NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day Yeer
	(Type or print) William	Brierly	Gross	OF DEATH FE	8 15 1962
5.	CPV LC COLOR DE LL		. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.
	M WID	OWED DIVORCED J	an. 6, 192	6 36 yrs.	Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	DE. KIND OF BUSINESS OR INDUSTR		sty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1 00		Itility Compan	y Maryla	ทสิ	U. S. A.
13	. FATHER'S NAME	office company	14. MOTHER'S MAIDEN		
	Benton H. Gross.	Sr.		e Wright	
15	. WAS DECEASED EYER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT (Wiff	Address	41 Moores Mill
£1	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown)   (If yes give wer or detes of service)   Yes   We W 2	13-20-6792 M		n M. Gross B	el Air. Md.
-	18. CAUSE OF DEATH [Enter only one ceuse	per line for (a), (b), end (c).]	TO . WOLLT ?.	IT WE GIODD TO	INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CARDIO-RES	SP. FAIL	URE	ONSET AND DEATH
	DUE TO				2011/0
		METASTATIC	CARCINO	DMA	6 MONTH
	geve rise to immediate cause	1211/1011			
	(a), steting the undarlying causa fast.	CARCINOMA O	OF URACI	HUS	2 tyrs
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	
ATIO					PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of item 18.)	110 [] 10 []
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	20c. TIME OF INJURY Month, Dey, Year   2	Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm	n, : 20f. (City or town)	(County) (State)
MEDICAL		While Not While fect	ory, straet, office bldg., etc.	.)	
2	21. I certify that (I) (this hospital) a			1048 ISCER	10 (7 (1) ( ) 1
	saw the deceased alive on	B 1062 and the	3-171	19.1. 10.1. J	, IY.Se. Sthat (I) (We) last
	22e. SIGNATURE	, and mar	death occured ay.z.	and arom the causes a	OOL DATE
	THE Archive	ill mit		MED. STAFF	15 FeB 62 SIGNED
	22c. PHYSICIAN'S	· M.	22d. ADDRESS	ARECTOR   PHIS.	13/6/302
	NAME (Type) H.P. SIDWA	ELL M.D.	401 FRAI	NKLW ST. 1	BEL AIR, MD
23	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	rn or county) (Stete)
	Burial 2/17/1962	Bel Air Memo	rial Garde	ns Bel Air.	Harf. Co., Md.
24	FUNEDAL DIRECTOR'S SIGNATURE	ADDRECE	25. DEC		ISTRAR'S SIGNATURE
0	lamber 11000	adway&Williams	St. DATE		Inthus S. House
1	Bel A:	ir, Maryland	1 DATE		
2)0	seph w. Foster				

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# FOR STATE HEALTH DEP lor. Page for files. TO DEPUTY MYDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed pretificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 And 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

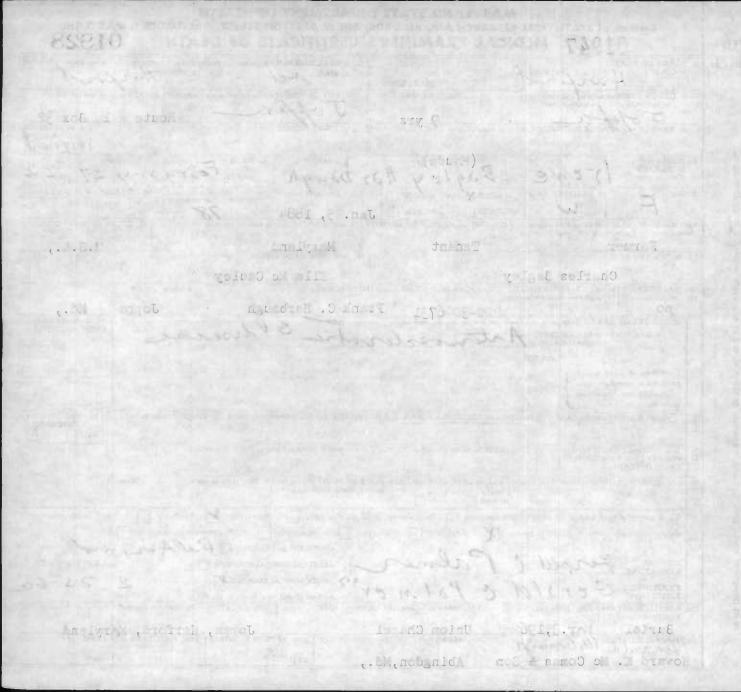
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VS. A15ME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01928 01947

MANYLEND  b. CITY OR TOWN (if outlide corporate limits, write RURAL and give naseral town)  c. LENGTH OF STAY IN 15  write RURAL and give naseral town)  d. NAME OF MOSPHAL OR INSTITUTION (if not in hospitel, give sifest Eddress)  d. NAME OF MOSPHAL OR INSTITUTION (if not in hospitel, give sifest Eddress)  J. NAME OF DECERSES  A. STREET RODRESS  ROUTE  1. BOX 32  2. STREET RODRESS  ROUTE  1. BOX 32  1. STREET RODRESS  ROUTE  1. DATE OF DEATH OF STAY IN 15  World OF BY THE STAY IN 15  Day 1		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
MAME OF MOSPITAL OR INSTITUTION (if not in hospital, give iffest Edinary)  d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give iffest Edinary)  d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give iffest Edinary)  d. STREET RODRESS  S. SERVE OF DECERBED (Type or prins)  S. SERVE OF DECERBED (Type or prins)  (a. COLOR OR RACE 7, MARRIED (MAUGE))  S. SEX		11 :: - 1 - 1	B. COUNTY Turford
NAME OF DECEASED   CONCRETED   CONCRETED   CONCRETED   CONCRETED   CONCRETED   CONTRIBUTION   COUNTRY   CONTRIBUTION   COUNTRY   COUNTRY		write RURAL and give nearest town)	X J v/fra Route # 1 Box 32
DECRESSED  (Type or pinit)  (Type or pin			ON A FARM YES NO []
WIDOWED   DIVORCED   Jan.25, 1884   Jan. Months   Days   Hours   Min.	1	(Type or print) I) TWE Bagley #2	17 Dough DEATH TEBY 27 1962
Tenant Maryland  Farmer Tenant Maryland  Farmer Tenant Maryland  14. MOTHER'S MADEN NAME  15. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (Ilyargi live was rord ablast effective)  16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), a		WIDOWED DIVORCED	Jan. 25, 1884   Jan. 25, 1884   Days Hours Min.
13. FATHER'S MAME  14. MOTHER'S MAIDEN NAME  Charles Bagley  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (Byself in work in the part of the		. USUAL OCCUPATION (Give kind of work of work of working life, aven if retired)	RY 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (liyasgi) everared delay of earlies of every control of the	13.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (liyasgi) everared delay of earlies of every control of the		Charles Bagley	Fila Me Couley
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (c), stalting the undarlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED. YES NO PERFORM	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
PART I. DEATH WAS CAUSE BY:    MMEDIATE CAUSE (a)   DUE TO	(Yes	no 220-30-6731 F	rank C. Harbaugh Joppa Md.,
DUE TO  Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT (COUNTY)  (County)  (State)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT (COUNTY)  (State)  PART II. OTHER SIGNIFICANT (COUNTY)  (County)  (County)  (County)  (County)  (County)  (State)  PART SIGNIFICANT (COUNTY)  Address (Street, city, town, or county)  Address (Street, city, town, or county)  PART SIGNIFICANT (COUNTY)  (State)  PART SIGNIFICANT (COUNTY)  (County)  PART SIGNIFICANT (COUNTY)  (Coun			
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DUE TO  (c) stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART IIIe)  19. WAS AUTOPSY PERFORMED. THE TERMINAL DISEASE CONDITION GIVEN IN PART III.  19. WAS AUTOPSY PERFORMED.		4 22 DUE TO	
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20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20a. TIME OF INJURY Month, Day, Year While at work 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 10 Country			
20c. TIME OF INJURY Month, Day, Year While Not While at work 19 at work 20 at work 20 at work 3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER BELLA ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED Address (Streat, city, town, or county) DATE SIGNED Address (Streat, city, town, or county) Address (Streat, city, town, or county) Address (Streat, city, town, or county) Country Address (Streat, city, town, or county) Country Address (Streat, city, town, or country) Country Country Country Date Thereof Date	1	PRIMARY Or CONTRIBUTING	(Enter natura of injury in Part I or Part II of itam 18.)
death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER BLAIN, MALE SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED  EXAMINER'S G C J M C P	MEDICAL	Hour a.m. Whila Not Whila fee	
CHIEF MEDICAL EXAMINER   Belding   Burial   Belding   Burial   Belding   Burial   Belding   Burial		21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection 🛂. Inquiry, and in my opinion
ACTUAL SIGNATURE SIGNATURE  EXAMINER'S GEYJM CPOINCEY  Address (Street, city, town, or county)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial  Mar 3,1962  Union Chapel  23. MARE DIRECTOR VICENAM ACTUAL  ADDRESS  ADDRESS  ASSISTANT MEDICAL EXAMINER  2 - 25 - 62  Address (Street, city, town, or county)  22d. LOCATION (City, town, or country)  (Stete)  23. MARE 5 '62  ADDRESS  AMARE 5 '62		death resulted from: Natural causes X, Accident , Suid	_ 12 01
NAME (Type)  226. BURIAL, CREMATION, REMOVAL (Spacify)  Burial  23. MARE OF CEMETERY OR CREMATORY  War 3, 1962  Union Chapel  246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  Address (Street, city, town, or country)  22d. LOCATION (City, town, or country)  (State)  10 ppg. Harford, Maryland  ADDRESS  246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			
Burial Mar 3,1962 Union Chapel  23. IT NEED TO BY REGISTRAN 246. R		EXAMINER'S GERJIA C POLME	7
23. FOUNERAL DIRECTOR UL Commy ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacify)	R CREMATORY 22d. LOCATION (City, town, or country) (State)
THOUGHT STORY	23.	ADDRESS ADDRESS	
AND THE RESERVE THE PARTY OF TH	E	Howard K. Mc Comas & Son Abingdon, Md	DATE MAR 5 '62 Clother S. Krous



JOSEPH W. FOSTEr

Year

1962

NO

(Stata)

22b. DATE

(Stata)

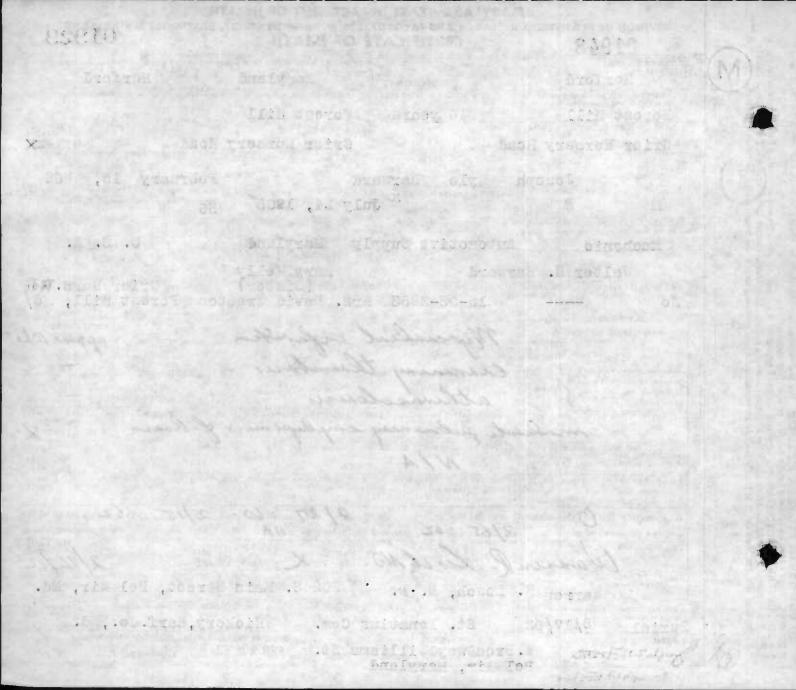
SIGNED

24 hours after

within

executed

death



TMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 10b. funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) MARYLAND CITY OR TOWN (if outside corporata limits. OR TOWN (If outside corporate limits, write RURAL and give neerest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? AVIS COPNET HOSPITAL YES NO NAME OF Middle DATE Year DECEASED (Type or print) DEATH 19600 AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HAYYEUS YX 13. FATHER'S NAME Machine please Address RFD=2, Box 24 16. SOCIAL SECURITY NO. 17. INFORMANT (Husband) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Avery Dwight Holbrook StrEET, maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) selim and a Revere Conditions, if any, which gave rise to immediate cause (a), steting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS AS AUTOPSY certificate PERFORMED? as of NO 200. ACCIDENT WAS UNDERLYING | 120b. DESCRIBE HOW INJURY OCCURED. (Enter Jours of injury in Port I or Port II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work CIOR: 19.6.2 that (I) (we) last saw the deceased alive on........... 22b. DATE SIGNATURE SIGNED DIRECTOR PHYS. PHYS. TO HOSPITAL
death. Page 4 n
TO FUNERAL
director, page 3
be filed with the PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 23d LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR REMOVAL (Specify) BEI A' MEMONIAL GANDEUS BEI APP, Harford Co., Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE W. Broadway ADDRESS Williams Sh VR A15 (4) 15M 9/60 BEI Arin, Manyland FEB 2 7 '62 arthur S. Kraus DATE JOSEPH W. FESTER

66210 11.84.9 Terrary 8 '8 Year of the State of th HARRORD PHREATH HAVE & CLARE OF DOM STREET HARRED TO MEMORIAL HOSPIEL TRUTS COUNTY VOIL MARY Kurb - the Brown Feb Stor A PR COURSE WAS A COURSE OF THE PROPERTY OF TH Harris Edward Comment of the Comment WILBLIK HARRIS MARCARET RITE Land of the state 16人。 1917年 1918年 1818年 1 Chance The Consense Sales and the sales of the sale Large of the state of the second of the second section in the A CONTROL OF THE LAST CONTROL OF THE

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 mery be retained by the hospital or attending physician.

Yes TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 saxuld be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 saxuld be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1931

	1. PLACE OF DEATH / /	2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before admission)
/	. COUNTY Hartore MARYLAND	o. STATE Wareland b. COUNTY Harford
	b. CITY OR TOWN (if outside corporate limits, write NAAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	Dals deau	28 Klaesdeen
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  ON A FARM?  HAS Something the street of
7	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) Sadie Elizabeth	Hubard DEATH 2 4 1962
	5. SEX FETTIGE 6. COLOR OR RACE 7. MARRIED NIEVER MARRIED   8 POLORICE WIDOWED DIVORCED   1	2/8/1903   9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
11	10a. USUAL OCCUPATION (Give kind of work dogg/during most of working/life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	House wife House	new Jersey USA.
1	Joshia Hande	14. MOTHER'S MANUEL NAME GOSTON NOUTON O
-/		NFORMANT Address
	(Yes, ac or unkown) (Ifyesgivewarordetesofse view) 213-26-3634 91	oria Weddle-438 Educard St. Sherden
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Throm	
	43 O DUE TO	
	Conditions, if eny, which (b)	
	geve rise to immediate cause	
	(e), signing the underlying	teriosclerotic Heart Disease
^		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	OI V	PERFORMED? YES NO X
u	200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	
	Hour a.m. While Not While feet	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
		11/12 160 . 2/3 1062 1 . (1) ( ) \
	21. I certify that (I) (this hospital) attended the deceased from.	death occured a NOPM, from the causes and on the date stated above.
	saw the deceased alive on 1994, and that	
	7 11	D. ATTENDING MED. STAFF PHYS. 2/5/62
1	22c. PHYSICIAN'S XEO roe T. Stans Bury	569 Revolution St. Haure de Grace, Md.
	230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2/8/1962 Mt. Rawar	y Ceintery Shercen, Rural Mary land
K	24 FUNERAD DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
No.	Your 7. 100 may - Haer cele, way	LLCS' DATE FEE 7 '62 anthur & Kines

. 13 Edward States - Ask Eduard State Sodia Elizabeth Habard 2 4 12 Found Poland I miles 1963 TE Housewate throng new houses usite Tooks Hardy - The thirds Moulton .... 1 213-21-31 They aleddle-438 Edmond A Guerlan The Saller Holory Cuestry Hickory Sund Fryling your starry - Harden Marfandy

### 1. PLACE OF DEATH a. COUNTY Page files. MARYLAND b. CITY OR TOWN (if outside corporete c. LENGTH OF STAY IN 16 write RURAL and give naared town d ITAL OR INSTITUTION (If not in hospital, give street address) d. NAME funeral di Boa may be retained 2 with the State E 3. NAME OF Middle DECEASED 3 to the (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED age 5 may 1 and 2 wit 72 hours and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired Laborer Farm within 13. FATHER'S NAME Unknown File event form (Yes, no, or unkown) | (Ifyes giva war or detes of servica) with WW in Item 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) Office along burial-transit p PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) pencil Office DUE TO removal, should Conditions, if any, which (b) geve rise to immediate cause 0 DUE TO (a), stating the underlying Se Examiner' 6 cause last. pesn ld be used CERTIFICATION Medical 20a. EXTERNAL CAUSE WAS shoule PRIMARY Or CONTRIBUTING CAUSE OF DEATH. writing the Chief Mee Page 3 short to burial, EXAMINER: 20c. TIME OF INJURY Month, Dev. Year CAL b. w. entificate, w. to the C While Not While Hour am et work at work p.m. RAL DIRECT death resulted from: Natural causes Accident designated ACTUAL SIGNATURE DEPUTY 3 EXAMINER'S should | NAME (Typa) 22e. BURIAL, CREMATION. 22b. DATE THEREOF S REMOVAL (Specify) 240 g 01

I AND STATE DEPARTMENT OF HE Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give heerest town) R.D. Box 13 e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DATE Month Dev Year last OF DEATH 19 AGE (In years | IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Hours BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? U.S.A., Darlington, S.C., 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Margaret Hudson Edgewood R.D.. Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO V 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Abingdon, Harford, Maryland John Wesley Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 28 YFUNERAL DIRECTOR ADDRESS Chithur S. Kraus DATER 1 4 '62 Abingdon . Md . . K. Me Comas Son Howard

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

N	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission)	
	e. COUNTY Harford MARYLAND	• STATE Maryland b. COUNTY Harford	
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)  Rural-Bel Air 58 Years	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)  Rural-Bel Air	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Toll Gate Road	d. STREET ADDRESS TOll Gate Road  o. IS RESIDENCE ON A FARM? YES A NO	
		Last 4. DATE Month Dey Yeer  Sting DEATH February 5, 1962  DATE OF BIRTH 19. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.	
	WIDOWED DIVORCED J	Dec. 8, 1871   Sest birthdey   Months   Deys   Hours   Min.	
	done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
1	Housewife Housework	Maryland U. S. A.	
	S. A. Foutz	Miriam Cook	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	NFORMANT (Son) Address R. F. D. #1	
=	No None J. S. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	ohn F. Joesting Bel Air, Md.	
	PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate ceuse (e), steting the underlying ceuse lest.  DUE TO  (c)	rolic Colseare ONSET AND DEATH	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION		
		CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) lory, street, office bidg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from 0 - 17		
	Level & Jehne	ATTENDING MED. STAFF PHYS. 2-5-4 226. DATE SIGNED	
	PHYSICIAN'S NAME (Type) Gerald C. Palmer, M. D.	S. Main Street, Bel Air, Maryland	
1102	REMOVAL (Specify) Feb. 7, 1962 Bel Air Mem	orial Gardens Bel Air, Harf. Co., Md.	
1	Full W. Broadway & Will Bel Air, Maryland	1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE FEB 6 '62 Arthur S. Kraus	
	Storal La Eden		

28010 Den Existe ME Cyll Inc-I was se docering a represent to the Util ENGL & . Cast Tre Scottype Today Spice 9276 316 4 - 4 - 4 stall with feet and discount it many a such a Coreta C. Lealing, M. M. W. Walle and Care and C A STATE OF THE CONTROL OF THE CONTRO The first test of the second o MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.01934

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

DAYS

PERFORMED?

YES NO

(Stote)

(Stote)

(County)

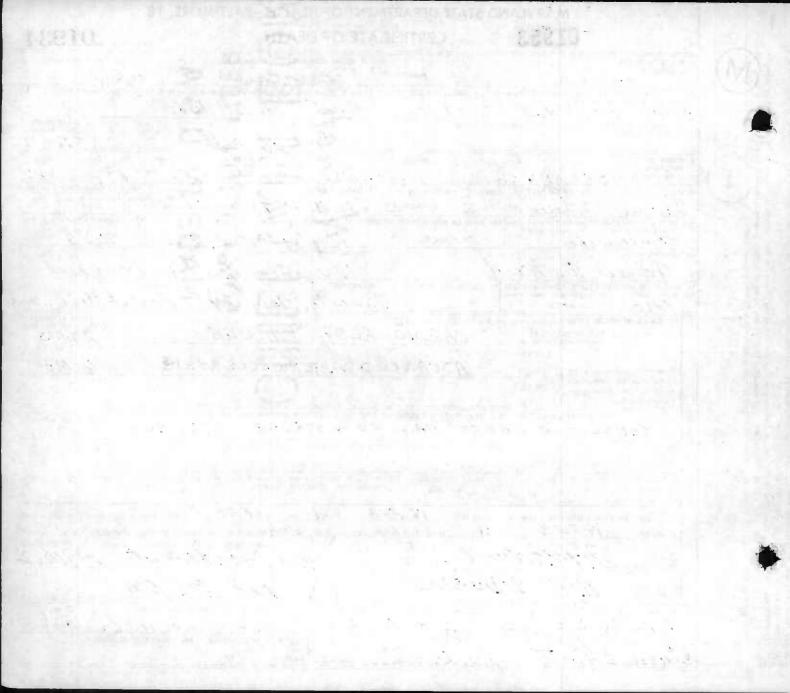
Months

ON A FARM?

YES NO

Year

1962



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an manual in Da	Pages 1 and 2	

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01954

**CERTIFICATE OF DEATH** 

01935 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY HA!	REORD		MARYLAND	C STATE	NCE (Where decease YLAND	ed lived. If instituti b. COUNTY		FORD	nission)			
b. CITY OR TOWN ( RURAL and give n RURAL -	If autside carporate limearest town) BELAIR	its, write	c. LENGTH OF STAY IN 18	/	WN (If outside corp	orate limits, write f	RURAL and g	ive nearest to	iwn)			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS  RD #2, Box. 216  e. IS RESIDENCE ON A FARM? YES 10 NO							
3. NAME OF DECEASED (Type or print)	JOHN	rst	Middle HENRY	KLEIN	4. DATE OF DEATI	Mor H FEBR	RUARY	Doy 12	Yeor 19 62			
5. SEX Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 3,	1884	9. AGE (In years last birthday) yrs.		1 YEAR IF UN Days Hou				
Ratired M 13. FATHER'S NAME	ason, Sto	(1)	KIND OF BUSINESS OR INI Masonary	Balt 14. MOTHER'S MA	O. CO.	country)	12. CITI	USA	AT COUNTRY?			
IS. WAS DECEASED EVE (Yes. no. or unknown)	h Klein  R IN U. S. ARMED FOI  (If yes, give war or dates of		SOCIAL SECURITY NO. 17	INFORMANT	<u>Zinkhan</u> neth Da	Box vis Be		RD #	2			
Conditions, if a gave rise to i couse (o), stoting lying cause lost.	the under-	Cor	cardial infa ronary occlus terioscleroti	ion c cardiovas				2 h	ours ours			
200. ACCIDENT W.	AS UNDERLYING  GASE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Ye	20b. DES	CRIBE HOW INJURY OCCUR  NJURY OCCURRED  Not white		njury in Part I ar Pa	ort II of item 18.j		PER	S AUTOPSY FORMED? NO (Stote)			
21. I certify the alive on Fell ACTUAL SIGNATURE	Paul S. STON	12 tm	ed fram April	th accurred at	M, fra	Street, city or town,	and an th	ast saw th	ne deceased ated above DATE SIGNED 2/12/62			
220. BURIAL, CREMATIC REMOYAL (Specify) BUTIAL 23. FUNERAL DIRECTOR	2/15/19	)62	Jarrettsy ADDRESS	rille	+	ATION (City. town, ettsvil	or county)  le,  STRAR'S SIG	Mary'	lote) Land			
Charles &	Kurt	The	wellsollo.	n . 1	ATES 1 4 162		wi & the					

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# INSTRUCTIONS

ATTENDING The bottom co,

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 01955 CERTIFICATE OF DEATH

01936

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Harford Maryland	STATE Maryland county Harford
CITY (if outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, writa RURAL and give nearest town)
TownRural Rocks 50 year	I V TOWN
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS	Knopp Road
3. NAME OF (First) (Middle) DECEASED ( )	(Last) 4. DATE (Month) (Day) (Year)
(Typa or Print) AENRIETTA KEYNOLDS	RNOPP DEATH FEB 20 1962
RACE WIDOWED, DIVORCED,	ATE OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HI Months   Days   Hours   Min
Female   White   Massiried   Jul.	v 10. 1882   79 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Thousewife Home	Chrome Hill, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harman Ira Reynolds	Mary Truman
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO	D. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	Harry C. Knopp Rocks, Md.
	CERTIFICATION INTERVAL BETWEEN
· · · · · · · · · · · · · · · · · · ·	MINIST AND DEATH
MMEDIATE CAUSE (A)	To the state of th
DISEASES OR CONDITIONS, IF ANY, (B)	nous the Pub. 1 yr
STATING UNDERLYING CAUSE LAST. DUE TO:	mant-t
(C) Calveli	- Mellilis 1240.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ALL CONTINUES AND PRINCIPLE OF THE STATE OF	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETTHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While While at work at work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	20, 19.50, to 2/20, 19.62, that I last saw the decease
	d at. J. D. AM, from the causes and on the date stated above.
SIGNATURE DA A	APPRESS (Streat, city, town, state) DATE/SIGNE
Kohut Darlad M.D.	Forest Hall 1110, 2/20/6
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county) (State)
	Watters Cooptown. Maryland
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	
24. REC D BY REGISTRAR REGISTRAR S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

SARYLAND STATE BEFARE THE CHIMINEST WATER CHAINS CERTIFICATE OF DEATH MOUNTAINTAIN OF STREET OF 

	death. Page Amay be retained by the hospital or attending physician.	IO FUNERA PRECIOR: After this certificate has been signed by the attending physician and completely tilled in by the tuneral	director, page Ashould be detached for use as the burial-transit permit. Then please remove carbon papers. Par	ation, or removal, and in any event, within 72 hours after death.	
	al or aften	cate has be	is the buria	o burial, cr	
	he hospit	is certific	for use a	h prior t	
1	ined by the	2: After th	detached	t, of Healt	
-	y be reta	RECTOR	ed pinou	tate Dept	
-	age 4 may	RA	age 3 sh	vith the S	
	death. Pa	O FUNE	director, p	be filed w	
		10-1			

		01956 CERTIFICATION GROWN	TE OF DEATH		01937
A		PLACE OF DEATH	2. USUAL RESIDENCE (	Where deceased lived, If Ins	stitution; Residence before edmiss
4		HARFORD MARYLAND	MARY	and	CECIL
	11	b. CITY OR TOWN (if outside corporate limits, write RURAL and give peacest lown)	c. CITY OR TOWN IF out	side corporate limits, write R	(URAL and give neerest town)
1	41	AURE OF GCACE 3 DAYS  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address)	d. STREET ADDRESS	Jun	e. IS RESIDE
		HARFORD MEMORIAL	# 1 HORSES	hoE Rd.	YES NO
	3.	NAME OF Pirst Middle	Last 4.	DATE Month	Day Yeer
		(Type or print) Elizabeth acott	MACE	DEATH FEBRUI	TRY 26 196
1	5.	The state of the s	DATE OF BIRTH	9. AGE (In years III last birthday)	Months Deys Hours M
	10a	LMA/E WN, FE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County &	State, or foreign country)	1 12. CITIZEN OF WHAT COU
ĺ	dor	ne dyring most of working life, even if retired)  NOUSE WIFE	Wyomin	00	71.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	8	
		Emory Allen Scott		LESE	
l		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 s, no, or unkown) (If yes give were of detes of service)	INFORMANT /	Address	1 mi
l		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	D.E Mace	King	INTERVAL BETWEE
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b) ACITE CO.	rdisc t	ailure	ONSET AND DEAT
1		T S X DUE TO O		1.1.	
		Conditions, if any, which ) (b) Rheumatic	myocar	ditis	16 yr
		gave rise to immediate cause (e), stating the underlying DUE TO			
	z	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	
I	ATIO				PERFORME YES NO
	CERTIFIC	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	). (Enter neture of injury in Pert	or Part II of item 18.)	
	-	(IF EITHER, NOTIFY MEDICAL EXAMINER)			(County) (Stat
I	MEDICAL	Hour a.m. While Not While fact	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stat
ı	×	p.m. 19 at work et work	6 196	110 2/27	2, 196. that (I) (we
		21. I certify that (I) (this hospital), attended the deceased from. saw the deceased alive on	45 000		nd on the date stated al
		22°. SIGNATURE	ATTENDING / MED.	STAFF	1 22b. 9
		Mil Tayla S. M	.D. PHYS. DIREC		2/27/1
					A A .
		22c. PHYSICIAN'S NAME (Type) VOIL TOYCON DEMO	22d. ADDRESS	Su-	(Ma):
	23.0	NAME (Type) reil Jaylor Drma	Risi.	3 LOCATION (City, town	(State)
		NAME (Type) reil Jaylor Drma	Risi.	38 LOCATION (City, lower	n or county) (State)
		NAME (Type)  NELLAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Scoedify)  23c. NAME OF CEMETERY	OR CREMATORY 2  ugham	Colora BY REGISTRAR 256. REGI	md

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

City by my C724.444 CA Daniel CAM there is the same of the same I Herewahre was TARRED WENERIAL Flighteth south has mobiled about Com181801 531 John Brita Strift 3 18 with Memory Sumally 35 W 24 VOY Lord of the state avoles the lastice of an interest and a state with the way of the world the the the same of the same of the teacher delicated the state of the stat Elas for my sound showing day book some some

# ctor. Page

files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execut.

4 should be to readed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. AISME SM 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1957 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01938

o. COUNTY			2. USUAL RESIDI	ENCE (Where decea		itution: Resida	nce before a	dmission)
6. COOKI	Harford	MARYLAND	a, STATE		b. COUNTY	** 0		
b. CITY OR TOWN (if write RURAL end	outside corporata limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporat	ta limits, write RI	JRAL and give	nearest tow	rn)
d. NAME OF HOSPITA	AL OR INSTITUTION (if n	ot in hospital, give street address)	d. STREET ADDRE	SS			1 e. 15 R	ESIDENCE
at	Home		1	Rura				NO D
3. NAME OF DECEASED (Type or print) Pres	ston Lee Mag	Middle	Last	4. DATE OF DEATH	Month	Dey	Year	
S. SEX	6. COLOR OR RACE 7.		B. DATE OF BIRTH	19. A	GE (In years III	UNDER I YEAR		PIRS.
M		VIDOWED DIVORCED	January 15	1003	st birthday) M	onths Deys	Hours	Min.
10a. USUAL OCCUPATIO		106. KIND OF BUSINESS OR INDUST		ate or foreign country	11	12. CITIZEN	OF WHAT O	OUNTRY
Mechanic	ing life, even if refired)	Auto	Hanford (	Country Me	See France	770		
13. FATHER'S NAME		Auto	14. MOTHER'S MAID	County, Na	rryrand	US		
Ramsay Lee	Magness		Carrie St	offen				
15. WAS DECEASED EVE	IN U.S. ARMED FORCES			DITEL	Address			
(Yes, no, or unkown) (If)	es give war or dates of servi	(co) 7-15-13-797.7	/-		Q		mid	
1 18. CAUSE OF DE	ATH linter only one ca	use par line for (a), (b), and (c).	s. Marrie Ma	agness	Den	Don.	TERVAL BET	WEEN
PART I DEATH	WAS CALISED BY.					OI	NSET AND	DEATH
IA	AMEDIATE CAUSE (a)	oronary Occlusion	n					
47	DUE TO							
Conditions, if any,								
gave rise to immediate (a), stating the unit	DUE TO							
cause last.	) (c)							
Z PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE COL	NDITION GIVEN	IN PART 1(e)		
)TV								RMED?
PART II. OTHER		DESCRIBE HOW INJURY OCCURED.	Enter nature of Injury in	Part I or Part II of iter	m 1B.)		163	NO [1
	Y Month, Dey, Year	20d. INJURY OCCURRED   20e. PL/	CE OF INITIAL (Name of			(6)		
ZOc. TIME OF INJUR Hour a.m.	19		ACE OF INJURY (Home, f tory, street, office bldg.,		town)	(County)		(State)
21. I certify tha	t I took charge of t	he remains described above, he	eld an Autopsy .	Inspection X	, Inquiry	, and	in my o	pinion
death resulted from	om: Natural cause	es X, Accident , Suid	ide . Homicid	le [], Undet	ermined man	ner 🗍		
	00	- 0 1	CHIEF MEDICA	AL EXAMINER				
ACTUAL SIGNATURE C	Keruld	C Falmer	M.D.	AEDICAL EXAMINER			DATE SIG	NED
EXAMINER'S G	erald C. Pa		Address (Stree	CAL EXAMINER X		ir, Md.		
22e. BURIAL, CREMATION REMOVAL (Specify)				22d. LOCATION	(City, town, or	country)	(Slate	e)
Burial 23. FUNERAL DIRECTOR	Bebruary 26	,1962 Mountain Ch	ristian	Joppa REC'D BY REGISTRAR		and	LIRE	
word	reher	Benson	md DATE			MA S. Hans		
W. H. AR	CHER /	Benson, Md.						

2.310 renton Les Cappen, Br. ंसायक हैं है है है है By Included Stand State The South Sacrie Sagress ME THE TWO DESCRIPTIONS OF THE SERVICE SERVICES come consid for Falser M.D. Survey Pagersen 26,192 Confete, Christian 1909, Maryland Tanada, "M. L., Marketter

# FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01939

EALTH DI	EPT.	1. PLACE OF DEATH / / 2. USUAL RES	DENCE (Whare decassed lived, If Institution: Rasidance before edmission)
s ge		a. COUNTY H CENTRAL MARYLAND O. STATE	b. COUNTY than had
file H	1	b. CITY OR TOWN (if outside proporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TO	WN (II outside corporata limits, writa RURAL end give naarast town)
유투이		write RURAL and give nedrast town)	10 carries
2	1	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give straet eddress)	
d fo	X		ON A FARM?
fun aine State		3. NAME OF First Middle Lest	4. DATE Month Day Year
the ret	- 15	OECEASED WORMAN R. Massey	DEATH to 67411-V 5 19 62
3 to be th th	5 5	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH	19. AGE (In years   IF UNDER YEAR   IF UNDER 24 HRS.
nd may	-	WIDOWED DIVORCED TO TELLE	last birthday) Months Days Hours Min.
2, a		10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE	(State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1 all 1 all 72		done during/most of working life, even if retired)  ENGINEER  SHOE FACTORY  MA	ANIAND USA
M3. Pages		13. FATHER'S NAME	NIDEN NAME
- SET	T	INDIAN MASSEY INDIAN	A SATTEREIEIN
form form t. File	1	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. OCIAL SECURITY NO.   17. INFORMANT	Address
		(Yes, no, or unkown) (Ifyas glva war or datas of servica) 218-10-4549 MOC ANNI	MASSEY = BELCAMP MO.
		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
along ransit	277	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
ar -tra		DUE TO	
in pe Office burial	-01	Conditions, if any, which	
a b C		gava rise to immadiate causa	
iner iner i as		(a), stating the underlying cause last.	
"pen xamin used ion, o	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	
De De la		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D  COLUMN DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury PRIMARY OF CONTRIBUTING D	PERFORMED?
edical lould t	5	208. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury	in Part I or Part II of itam 18.)
#   A は   D			
iting hief bur	200	20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURED 20e. PLACE OF INJURY (Hom factory, street, office bld. while at work et work	
Pag of		Hour e.m. While Not Whila factory, street, office bid at work et work	j., aic., j
cate, to the OR: Drior	100	21. I certify that I took charge of the remains described above, held an Autopsy	Inspection K, Inquiry , and in my opinion
E RELE		death resulted from: Natural causes X, Accident , Suicide , Homi	cide , Undetermined manner
certification of party and agent,		CHIEF MED	ICAL EXAMINER DENTH
		SIGNATURE LEVELLE ALL M.D. ASSISTAN	MEDICAL EXAMINER D DATE SIGNED
RA Igna	1		DICAL EXAMINER 2 - 5 - 6 7
ase execute should be for the formal be for the	06.		trest, city, town, or county)
shoul FUN its d		226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or country) (State)
240 g		BURIAL PEB.7 CHURCH HILL	CHURCH HILL MD,
VS. A15ME	00	0 1 1 1 1 1 1 1 1 1 1 1	REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
SM 9/60	The !	(aggra, Dane) = Church Hell Indi DA	TEEB 1 3 '62 Chilling S. Thank
	1		

Excell Office of Asset Marketter Committee of the WEST OF THE STATE OF THE ST Letter Massette - Modera Street 216-10-45-17 ENGLANDED NASSANIA ENERGIA PARTO DE SEC The second secon E SMAN PRIME THE RESIDENCE OF STREET ENGINE TIES I CHIRCH THEE CHIRCH FIRE Cologie A. a Vines - Charest Will still still.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1959	CERTIFICA

**CERTIFICATE OF DEATH** 

Reg. Dist. No.1940

1. PLACE OF DEATH a. COUNTY	Harford		MAR	YLAND	O STATE	DENCE (Whe		lived. If institut b. COUNTY	_	ce belore o	
RURAL ond give r	(If outside corporate liminearest town) zewood	ts, write	c. LENGTH OF STAY		1	TOWN (If or		ate limits, write l	RURAL and	give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitol, g	ive street (			d. STREET	DDRESS	ann				S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Da <b>v</b> id	st	Middle B.		Mc Dani		4. DATE OF DEATH	Feb.		Day 14	Year 19 62
5. SEX male	6. COLOR OR RACE	7. MARR	D DIVORCE	_	Nov.16,			P. AGE (In years last birthdoy) 74 yrs.	IF UNDER Months		UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATI during most of wor Miner 13. FATHER'S NAME	ION (Give kind of work rking life, even if retired	done 10b.	Coal	OR INDUST		wood,	Tenn.		12. CIT	U.S.	HAT COUNTRY
	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO		Ma FORMANT Verett M	ttie N Ic Dani			ress	Ку.,	
Conditions, if gave rise to couse (a), stoting lying cause last.	immediate DUE TO	6	Enem	Ch	Re Re	day	N	All of the	my	ONSET	AL BETWEEN AND DEATH
ZOg. ACCIDENT W	HER SIGNIFICANT CON		ONTRIBUTING TO DE		eX -			800.0	VEN IN PAR	P	VAS AUTOPSY ERFORMED? S NO
-	G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Yea		IJURY OCCURRED  Not while	20e. PLA	CE OF INJURY ( pry, street, office	Home, farm,	20f. (City o		(0	County)	(Stote)
21. I certify all alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	E Louis K	1960		death .	occurred at	10:40 F	M, fram DORESS (Street	the causes of sell city or fown, yland	and an th	last saw he date s	the deceased stated above DATE SIGNED
REMOVAL (Specify	Feb. 17.1	F	22c. NAME OF CEM Bel Air ADDRESS		CREMATORY	dens	Bel	ON (City. town. Air, Hari		Maryl	(State) and
19mayak	Ma Come	Con	Abinadon	MA			BY REGISTR	62		8. Hay	

VS A15 (4 15M 9/55

20 4 e . D.A. ; . ( 7 - ( - , V = endatable partition, ( . . . . and and take the major of mad Mily and to be the transfer that the terms of the second 

VS A1S (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 01960

Reg. DI 1.941

1 9140	E OF DEATH	- V-4-11			1 2	HIGHAL DEGI	DENCE (Wh.	are decemed	lived. If institution	n. Paridanca	hefore o	dmirrio	2)
	OUNTY	ford		MARY	15	o STATE .	aryl		b. COUNTY	Harf		30111131101	
		If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	utside corpore	ote limits, write RI	JRAL and giv	e neares	t town)	
	JRAL ond give n	lington		35 year	9	( I	Rural	- Dar	lingto	n			
d. N	AME OF HOSPI	IAL (If not in hospital, g	ive street			d. STREET A						S RESID	
0	R INSTITUTION	Dublin				I	Dubli	.n				ON A F	
	AE OF EASED e or print)	ANI		Middle COOPER M	cKNI	HT	1	4. DATE OF DEATH	Mon Teb	th	Day 19	Ye.	62
5. SEX F∈	male	6. COLOR OF RACE	7. MAR	RIED NEVER MARRIE		April			P. AGE (In years last birthdoy) 35 yrs.	Months D		UNDER	24 HRS Min.
10o. US	UAL OCCUPATION	ON (Give kind of work	done 10b	. KIND OF BUSINESS O						12. CITIZ	EN OF	WHAT C	OUNTRY?
dur	None	king life, even if retired	)			-	lair,			US	Δ		
13. FATE	HER'S NAME				1	4. MOTHER'S	MAIDEN N	AME		1 00	ZL .		
		. McKnigl	1						mpkins				
15 W/AS		R IN U. S. ARMED FOR		. SOCIAL SECURITY NO	17. INFO	PMANT	2011	.10 10	Addi				
[Yes, no.	or unknown)	(If yes, give war or dates of s	ervice	. SOCIAL SECURITY NO.			12	m 31					24.5
	0			<del></del>	Mr:	3. 40.	TTIE	T. MC	Knight	Darl	ing	ton	· DIA ·
18.			use per	ine for (o), (b), ond (c).	17	6					INTERV	AL BETY	WEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	10	reumonia	- V	IRA					124	00112	5
	401	DUE TO	)										
C	onditions, if o	ny, which ) (b	,										
90	ove rise to i	mmediate (		MREQUIRED !									
	ivse (o), stating ing cause lost.	the under-	4										
Z -	PART II. OTI			CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	l(o) 19.	WAS AL	JTOPSY
ATI			35.						•			PERFOR/ Es 🔲	MED?
₩ 20a	. ACCIDENT W	AS UNDERLYING []	20b. DE	SCRIBE HOW INJURY OF	CURRED. (E	nter nature o	f injury in P	ort I or Port	II of item 18.)				110 [23
	CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)					this						
WEDICAL 20c.	Hour o. m. p. m.	RY Month, Day, Ye	While		20e. PLACE foctory	OF INJURY () r, street, office	Home, farm, bldg., etc.	20f. (City (	or lown)	(Co	unty)		(Stote)
21	I cartify th	at 1 attended the	decen	sed from 2 18		, 1962	- ta	2/19	, 1962	that I la	et saw	the d	acensed
	ive on 2	19	10		donth ac	curred at			the causes a				
a ii	ive on			one mar	aeam ac	currea ar			eet, city or town,		aare		E SIGNED
ACI	TUAL NATURE	is alles +	Mul	linto	M.D.	<	Da	rlin	en tors	md	2/	20/	62-
	-	011	11		M.D				1-4-43-562-	2_63_64			V
	YSICIAN'S ME (Type)	Judiey t	3/2/	Mys MD									
		N, 22b. DATE THEREC	)F	22c. NAME OF CEME	TERY OR CE	REMATORY		22d. LOCATI	ON (City, town, o	r county)		(Stote)	
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-	ERAL DIRECTOR		,	ADDRESS			24a. REC'E	BY REGISTR		TRAR'S SIGN	ATURE		
Vo	An H	· Harling	_	Delta	,Pa.		DATECE	2 6 '62	Class	mus & 1	Comme		
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## FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1942 01961

EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 3. COUNTY 4. COUNTY 5. COUNTY 6. COUNTY 7.
s. s.	MARYLAND O. STATE MY B. COUNTY FORKERS
files.	b. CITY OR TOWN (if outside coporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
E S S IVI	Hans do Brace DOA X Sheet
000	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS   e. IS RESIDENCE
eral od fo	Harry Memorial Hospital Box 332 " VES NO !!
fun fun State State	3. NAME OF First Middle Lest 4. DATE Month Dey Year
the the he de	(Type or print) Pavid Lee Messicly DEATH Fibrary 3 1962
3 to 2 to 3 to affe	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and may 2 w urs	M WIDOWED DIVORCED DIVORCED 15 19 1/2 19 yrs. Months Days Hours Min.
2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR MIDISTRY 11. BIRTHPLACE Islate or foreign country 12. CITIZEN OF WHAT COUNTRY?
sel.	Laborer Bata Mushaction Baltimore Md VSA
M3. Withline	13. FATHER'S NAME
	Carrol Mussick alice Hodson
E E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Ifyes give we ror detes of service).  BY
in 18	100 1hu 213-40-2/29 carral 10 to est md. 9 332
t pe	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]
il ir long ansi nd i	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractive > Proceedings of the control of the co
Sence a sel-tr	DUE TO
in political properties of the	Conditions, if any, which (b)
ren ren	gave rise to immediate cause  (a), stating the undarlying  DUETO
or or	cause lest. (c)
nex noi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
ord L	YES NO X
Medica Medica Should al, cret	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  19. WAS AUTOPSY PERFORMED? YES NO 2  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO
T ( ising the state of the stat	
Chicago of the bar of	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
00-	345 _ 1 > 100 at work at work [ Townlain Them Ble ACO Hayre
icate to the prior	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
DIRECT of egent,	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
9	and the policy chief Medical Examiner Dellan
	SIGNATURE LANGUE COMPAND. ASSISTANT MEDICAL EXAMINER (DATE SIGNED
NERAL designal	EXAMINER'S A OXIA CP3/MPY MI) DEPUTY MEDICAL EXAMINER & 3-3-67
should be fo FUNERAL its designal	NAME (Type)  Address (Street, city, town, or county)  226. 8URIAL, CREMATION, 226, DATE THEREOF  226. NAME OF CEMETERY OR CREMATORY  226. LOCATION (City, town, or country)  (Sleje)
0 "	REMOVAL Species Part 1910 Comment
5 540	23. FUNERAL DIRECTOR ADDRESS , 340. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
VS. AISME	Al Q Bailean Mark and My
5M 9/60	THE DULLY AVAILABION MIG DAKEB 8 162   William S. Thank

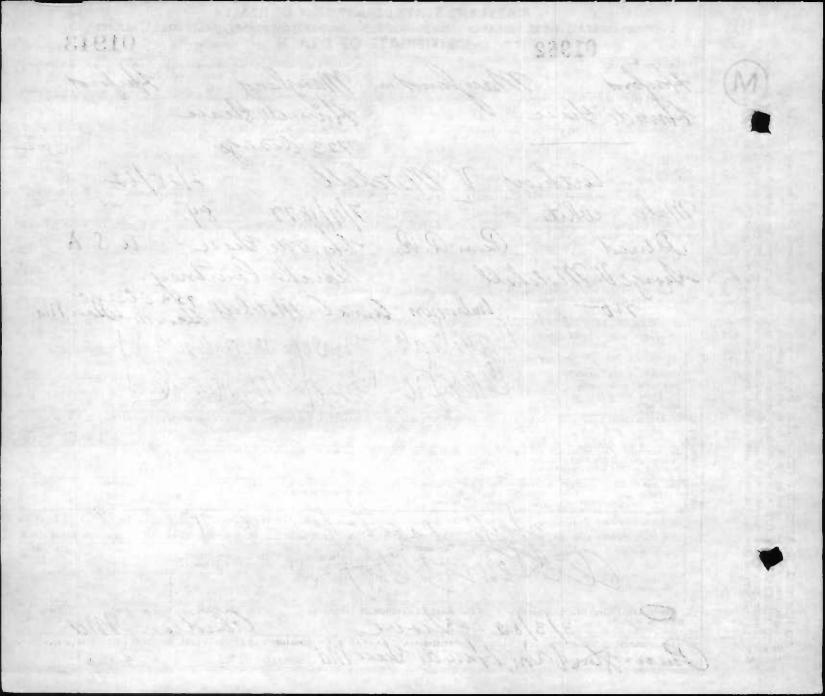
# O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 (1) be retained by the hospital or attending physician. O FUNERAL (ECTOR: After this certificate has been signed by the attending physician and completely filled by the formal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. TO HOSPITAL death, Page 4 P

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

01962 CERTIFICATE OF DEATH 01943

1. P	PLACE OF DEATH SOUNTY MAINTENANT	2. USUAL RESIDENCE (Where decessed lived, If Institutions Residence before admission) b. COUNTY				
6	o. CITY OR TOWN (if outside corporate limits,  water RURAL end give readest town)	c. CITY OR OWN (If outside corporate limits, write RURAL and give nearest town)				
	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  723 OTOLSS  1 O. IS RESIDENCE ON A FARM? YES \( \text{NO PT} \)				
1	NAME OF DECEASED Type or print) Cuther V. Middle	Rell OF DEATH 1/28/61 19				
5.	Male white WIDOWED DIVORCEO	9. AGE (In years WUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.				
don	Stried Working life, even if relired Com. Q. R.	12. CITIZEN OF WHAT COUNTRY?  Ligare de Riece U.S. A.				
1-1	George V. Mitchell	Sarah Courtney				
	i, no, or trikown) ((fyesgivewarordetesofsarvice) Unilsonown Cu	ung C. Mitchell 313 otsego Md.				
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c), ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which geve rise to immediate ceuse (a), stating the underlying ceuse lest.  (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO				
	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	), (Enter neture of injury in Part I or Part II of item 18.)				
MEDICAL		ACE OF INJURY (Home, ferm, lory, street, office bldg., etc.) (City or town) (County) (Stete)				
	21. I certify that (I) (this hospital attended the deceased from saw the deceased alive on	death occured at				
	22c. PHYSICIAN'S NAME (TYPE)	ATTENDING MED. STAFF SIGNED  DHYS. DIRECTOR PHYS. D  22b. DATE SIGNED				
23a	CURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 3/3/62	OR CREMATORY 23d. OCATION (City, town or county) (State)				
25	surrection of Don, Have de Via	ee Md. DATEMAR 5'62 CALLING & Thomas				



#### FOR STATE HEALTH DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01944

HEALTH DEPT.	1.	PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
声, 887		e. COUNTY Hand b. COUNTY HAND b. COUNTY HAND
Files Files	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and of a nearest town)
8 P 1 0		write RURAL and of nearest 1991
E . 1	0	d. NAME OF HOSPITAL OR INSPITUTION (if not in hospital, give state) d. STREET ADDRESS    e. IS RESIDENCE
B to b	-	ON A FARM?
de ante ate.	1	NAME OF First Middle Last 1.4 DATE Month Day Yes
an a	1	DECEASED OF
10 8 T	_	(Type or print) - WILL O. MODDY DEATH 2 9 1962
ay k	5.	SEX 6. COLOT OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF FIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
an an an our		VEWELL WILL WIDOWED DIVORCED JULY 20-18 14 yrs.
aft 2 h	10 de	a. USUAL OCCUPATION (Give kind of work one dyring most of working life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BATHPLACE (State or loteign country) 12. CITIZEN OF WHAT COUNTRY?
Page 1 s 1 n 7		House whe House Mary and US/+
Pag A3.	13	FATHER'S NAME
2007		William Oliver houise Elsver
(40) (40)		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMATT
A Limit	1,,	The Mondy - Allenday - Wender - Wender
W W		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
il in long long insiin		PART I. DEATH WAS CAUSED BY: Caranona heart with Introtoces ONSET AND DEATH
be ence		170 X DUE TO
uld in p offic uria		Conditions, if eny, which (b)
sho sho		geve rise to immediate cause
ate iner iner iner or i		tel, staring the underlying
per liftic	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
Be E	15	PERFORMED?
This wo	E C	YES NO   20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
A A A A A A A A A A A A A A A A A A A	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
ing ing ing buri		
Write O o	MEDICAL	Hour a.m. WhileNot While factory, street, office bldg., etc.)
the the	X	p.m. 19 at work et work
TO DE		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
de d		death resulted from: Natural causes X, Accident , Suicide . Homicide , Undetermined manner
S S S S	1	CHIEF MEDICAL EXAMINER DELAN NO.
I to late		SIGNATURE LEVELLE C D'ALMEN M.D. ASSISTANT MEDICAL EXAMINER ( DATE SIGNED
CUTY DESCULP IN THE PROPERTY OF THE PROPERTY O		EXAMINER'S COLLECTION OF PARTIES OF THE PROPERTY MEDICAL EXAMINER X
04 - 22 0	1_	NAME (Type) GETOID C POIMCY ND Address (Street, city, town, or county) 2-9-62
0 "	22	REMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETER OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 g 4 5 g		Burial 2/12/62   St. Marys Cemetery   R.D. Bel Air, Maryland
VS. AISME	23	FUNCIAL DIRECTOR PORTING APPRIA PAL HOME 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60 MM	X	-M. G. Januar Serdeen, Md. DARGER 1 4 '62 action & Known
1		John G. Tarriy

ARE TO Alfred Erec Herten Venny House Emac O. Mordey Levelle White the Tall 4-188 13 Honor whe Hame Mary land USA William Oliver hourse Elswar Ralph Micody - Harder "1- uch Caramina Visit with fortition -Belly and Grand C Poliner Gerold C Polary 11) 5-3-6-6

PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE / Where decessed lived. If Institution: Residence before edmission a. COUNTY Page files. Health, a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION LIFE Bo ON A FARM? YES NO NAME Q DATE Month Day Year DECEASED DEATH (Typa or print) AGE (In years | IF UPEER 1 YEAR 5. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED and 2 w last birthday) Months WIDOWED DIVORCED BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working tite, axan if railyad) Machinst PM3. Pa pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yas giva war or datas of sarvica) 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO levor, burial Conditions, if any, which (b) gave rise to immediata causa DUE TO (e), steting the underlying 98 cause last. ld be used a PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18. 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Auto accident Month, Day, Year 20d. INJURY OCCURRED # 20a, PLACE OF INJURY (Homa, farm, 1 20f\_ (City or town) 20c. TIME OF INJURY fectory, street, office bldg., atc.) Not While 196 at work at work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X Suicide Undetermined manner death resulted from: Natural causes Homicide lease execute.
should be forward.
FUNERAL DII ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY NAME (Type) Address (Streat, city, town, or county) 220. BURIAL, CREMATION. LOCATION (City, town, or country) Q40 p 01 24b. REGISTRAR'S SIGNATURE VS. A15ME arithur S. Hineres

, 6 Set 26 His Mary land Washing (Swines) lot who les Ada Hyme Breeks Lister les Delson 219-110-716 Jame E Hart Ber 332 Allenber 1 Eller It let 190 At from Company to the land maybe Then the my the sea Hory luck

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

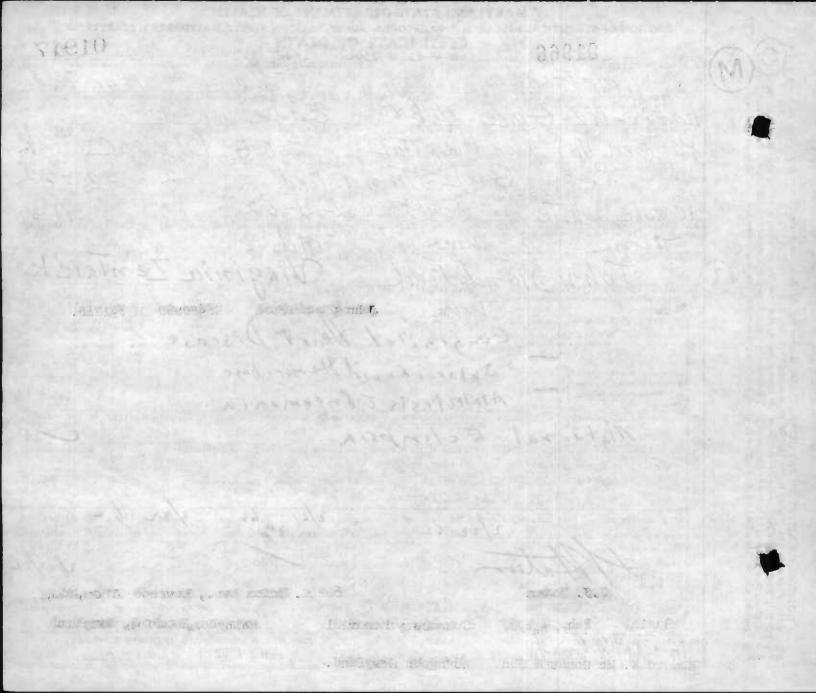
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	01303				
	CE OF DEATH	2	The second secon	re deceased lived, If Institution: Re	sidence before admission)
	LI AR EARD	WEDNE THE	a. STATE MA A TO LL	b. COUNTY CE	11 V
1-	TY OR TOWN (if outside corporate limits,   c,	MARYLAND LENGTH OF STAY IN 16	CITY OF THE KY 14	AUD II is its surity DIDAL and	alva manual laura)
	vrite RURAL and give nearest town)	OF OF STATE	c. cit i ok to wiv (ir ediside	corporate limits, writa RURAL and	give matest town)
	TBER DEEN	LTEBOX- VEATH	- (orvow)	NGO D	7x.7
d. N	AME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE
111	" Nousy Hospital -A	-Pa ma-	NONE	Supplied by the Principle	YES NO
3. NA	ME OF First	Maddle 1	Last 4. DA	TE Month	Day Year
DEC	EASED	( 1 1 1 0	OF	-	102 00
	or print) ELIZABETH	(RONE) IK	ATCLIFEE DE	ATH FEB	8 1962
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	ATE OF BIRTH	9. AGE (In years   IF UNDER 1 )	
F	EMME WHITE WIDOWED	DIVORCED 7	7 APR 1912	(4) yrs, Months D	eys Hours Min.
10a. U.	- Tropic in	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	10	EN OF WHAT COUNTRY?
done d	uring most of working life, evan if retired)	41 .1 =	D	44 1 14	O A
10. 5	ACUSEWIFE ,	WONE	THOUL HNOSU	ILLE, MA. U	3H
13. FA	HER'S NAME	14	. MOTHER'S MAIDEN NAME		
	AMUEL MACCO	ULEJ	EKTHEAO TT	EL	
		IAL SECURITY NO. 17. INT	ORMANT	Address	774. 进
(1es, no	(If yes give war or dates of service)	17-221711	RATE ICEE-11	150-RISING SUN,	MI 3/2F5
1 18	CAUSE OF DEATH [Enter only one cause per lina for	or (a) (b) and (c) i	DAICTIFF 110	ון אוטני שאוכוןן טבן	INTERVAL BETWEEN
10.	PART I. DEATH WAS CAUSED BY	or (o), (b), and (c).		3	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Net	astali	cancer		
	DUE TO .				
Con	nditions, if any, which ) (b) add	no carce	noma of	Carrier	
	a rise to Immediata cause				
	, stating the underlying DUE TO		The last of the la		
cau	se lest. (c)				
o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED?
I Y					YES NO
≝ 20a	ACCIDENT WAS UNDERLYING     206. DESCRIBE	HOW INJURY OCCURED. (E	nter neture of injury in Part I or F	Part II of item 18.)	
	CONTRIBUTING CAUSE OF DEATH				
		RY OCCURRED   20e, PLACE	OF INJURY (Home, ferm, † 20f.	(City or town) (Coun	ty) (Stata)
WEDICAL 200			, street, office bldg., etc.)	(County (County	·// (Jidia)
¥ _	p.m. 19 at work	at work		10	
21.	I certify that & (this hospital) attended	the deceased from	1962	10170 196	, that ( ) (we) last
			eath occured a 50 M.	from the causes and on th	
	. SIGNATURE	and the d	J		22b. DATE
1 220	The same of the	1 1 1 1 1 1	ATTENDING MED.	STAFF	SIGNED
00	stomas & s.	rancismo.	PHYS. DIRECTOR	PHYS.	
220	PHYSICIAN'S NAME (Type)		22d. ADDRESS		
		. NAME OF CEMETERY	CREMATORY 23d.	LOCATION (City, town or county)	(State)
REAM	OVAL (Specify) 2/2///962	mt Ph	JA.T	Celera	md.
24 5115	ERAL DIRECTOR'S SIGNATURE	ADDRESS A	25e. REC'D BY RI	EGISTRAR 256. REGISTRAR'S SI	GNATURE
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7	harpy 11 Greet, 61	edeng sun	MO DATEER 21	162 21 21 9 1	
		7			

HENRY H Marie day From more distant land Contact inco 45 Frank Horante FPB Med 1 - Nove L-Content (clies) Resources TEB 18 - Ch Towner W 1176 - 10 - 10 - 18 HPR 1813 48 Late only E : ON WE PARKED S CHEER PHY USA SAMUEL PARC PULLEY DERTHACTIEL Ligeot- secret, KATELIFEE House first Sin, 18d 36+5 metastatic cancer added talemanion of levery 2-15 -62 2-11 156 248 Thomas & Frakein 3121/1962 mt Block A Bolf M Fred Riving day, met - 13

DIVISION OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film G308 3/1/62 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY a. STATE within 24 hours MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) pue P write RURAL and give neerest town d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRES a. IS RESIDENCE ON A FARM? E d YES NO DE completely papers. executed NAME OF DATE DECEASED OF DEATH (Type or print) 19 within carbon 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) and Months Hours physician 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? гетоуе BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER MAIDEN NAME please 2 affending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES Address Then removal, (Yes, no, or unkown) | (Ifyes give wer or detes of service) Aohn Standiford Edgewood Tuno certificate has been signed by the INTERVAL BETWEEN burial-transit permit. 18. CAUSE OF DEATH [Enter only one cousa per line for (e), (b), end (c).] physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, avachanil Hemorrhage attending Conditions, if eny, which gave rise to immediate cause (a), steting the underlying burial, the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? hospital detached for use as 0 6 prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH the RECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER è 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work n.m 19.64 10. 4 19.4.... that (I) (we) last 1962, and that death occured at 3.3.6M, from the causes and on the date stated above. pe saw the deceased alive on DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. death. Page / TO FUNERAL director, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type F.J. Hatem B. Union Awe., Hawrede Grace, Ma., 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF Abringdon, Hanford, Manylands Cokesbury Memorial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR SISIGNATURE ADDRESS VR A15 (4) DATE FEB 2 7 '62 15M 9/60 Circling & Trace

MARYLAND STATE DEPARTMENT OF HEALTH



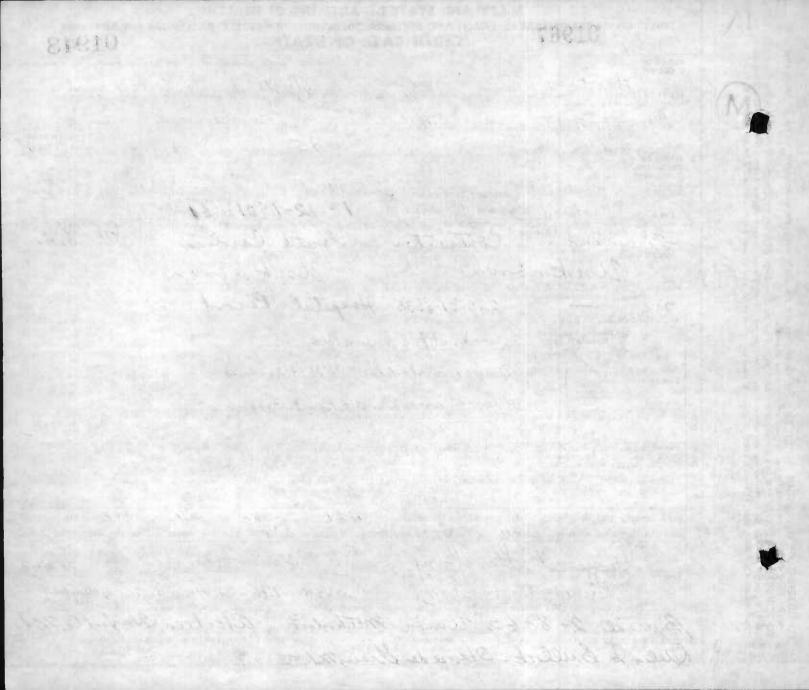
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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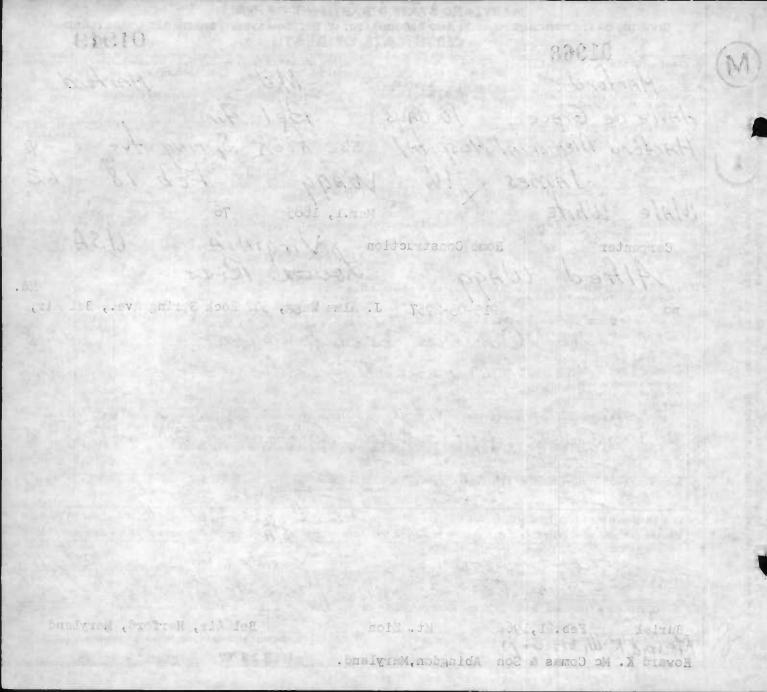
	PLACE OF DEATH     COUNTY		2. USUAL RESIDENCE (Wh		Residenca befora admission)			
	Harford	o. STATE Maryland b. COUNTY Har ford						
3	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Havre de Grace	3 days	28 Ab.	erdeen				
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	erdeeri	e. IS RESIDENCE			
	11 0 1 00		1 45 11-	01 - 1	YES NO P			
	Hartord Memorial 3. NAME OF First	Middle		Troe Street				
	DECEASED	Middle	Last 4. DATE Month Dey Yeer OF					
	(Type or print) O + 15	7	Thompson DE	EATH February	1, 1962			
	5. SEX   6. COLOR OR RACE   7. MARRIE	ED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years   IF UNDER				
	Male Colored WIDOWN	ED DIVORCED	1-12-190	yrs. Months	Deys Hours Min.			
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if ratifed)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Ste	ete, or foreign country)   12. C	ITIZEN OF WHAT COUNTRY?			
	Fireman	Entrector	South Co	crolina	W.S.A.			
	13. FATHER'S NAME	4200	14. MOTHER'S MAIDEN NAME	William Colonia Talana				
1	Unknow	N	Unks	rown				
1		SOCIAL SECURITY NO. 17. I	NFORMANT	Address				
	(Yes, no, or unkown) (Ifyes give war or detes of service)	20-01-8635 9	travital Re	ind				
	18. CAUSE OF DEATH [Enter only one ceuse per	line for (e) (b) and (c)	v. Jacob		I INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	1 1 1			ONSET AND DEATH			
	IMMEDIATE CAUSE (e)	re bralitemor	rhage					
	DUE TO							
	Conditions, if any, which \ (b) Dia	Conditions, if eny, which \ (b) Diabetes Mellitus with Mild Acidosis						
	geve rise to immediate cause							
	(e), stering the undarrying	astrocive Com	dio Renal disea	see	74 22 77 77 20 00			
				EASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY			
	PERFORMED?							
	PART II. OTHER SIGNIFICANT CONDITIONS COLUMN TO THE CONDITION COLUMN TO THE COLUMN THE C			D. 4 H. 7 h. 40 h	YES NO 14			
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	ZOc. TIME OF INJURY Month, Day, Yeer   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 1 20f.	(City or lown) (Co	ounty) (State)			
	Hour a.m. Whil		ory, street, office bldg., atc.)					
П	p.m. 19 et work et work							
	21. I certify that (I) (this hospital) attended the deceased from 1/29 1962 to 2/1 1962 that (I) (we) last							
6	saw the deceased alive on							
	22e. SIGNATURE	0	ATTENDING MED	22 4 72	22b. DATE SIGNED			
	Horse J. Sta	usbury M	D. PHYS. ATTENDING MED.	OR PHYS.	2/2/62			
	22c. PHYSICIAN'S	19	22d. ADDRESS					
	NAME (Type) George T. Sta	ins bury	569 Revolution	n St. Haure de Gr	ace, Maryland			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or cou	nty) (State)			
	Burel 2-8-62	Unión n	rethodost 0	etecheen It	ustand Co. Med.			
	2 FLINERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. REGISTRAR	SIGNATURE			
1	Att. 0 B. 100 0	24 4		62 Circhan S.				
1	July powert	Hane de Fr	ace, MI.DATE 13'	02				



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01949 CERTIFICATE OF DEATH

		111968	
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
7		HAC ford MARYLAND	e. STATE M. b. COUNTY Hartand
	-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	write RURAL end give nearest town)	22 11.
	1	TAVre de Grace 10 days	d. STREET ADDRESS O. IS RESIDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgres)	ON A FARM?
	1	TArtord Memorial Hospital	502 ROCK Spring HVE YES NOW
		NAME OF First Middle	Last 4. DATE Modify Dey Year
		(Type or print)	1/ADD DEATH Figh 18 1962
	5.	SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF PIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	1		last birthdey) Months Deys Hours Min.
	100		Mar.l, 1885 76 yrs.
	dor	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Carpenter Home Construction	1 OVICAINIA USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN HAME
	1	Altrod Wann	DRUM RAS
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16, 100 AL SECURITY NO. 17. IT	NFORMANT Address Md.
	(Ye	s, no, or unkown)   (Ifyes give wer or detes of service)	
	-		. Alma Wagg, 502 Rock Spring Ave., Bel Air,
		18. CAUSE OF DEATH [Enter only one course line for (e), (b), end (c).	ONSET AND DEATH
		IMMEDIATE CAUSE (6) CONCUCC CO	complusation 10 days
		DUE TO A A	
		Conditions, if any, which ) (b) ATOM AS Plower	Tip Cardiovascular 3-111000
		geve rise to Immediate cause  DUE TO	diana styles
		(e), steting the underlying couse lest.	Cuseuse
	_	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)   19. WAS AUTOPSY
1	CERTIFICATION	1)	PERFORMED?
	<u></u>	a neumona, right lower lo	be 3 Senelly 3 Mamutalion NO X
	RTF	200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of Item 18.)
	Ü	(IF EITHER, NOTIEY MEDICAL EXAMINER)	
	3		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	at work	ory, street, office bldg., etc.)
	2	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	-101 OH 10/20 Tel 19H 10/20 -10/11
		21. I certify that (I) (this hospital) attended the deceased from	036
		saw the deceased alive on the 19.6. and that	death occured a.M. A.M., from the causes and on the date stated above.
		220. SIGNATURE	ATTENDING MED. STAFF
		the of loone M.	DIVE TO DIRECTOR TO DIVE
		22c. PHYSICTAN'S	22d. ADDRESS
		NAME (Type) Edward C. Loo, M.	of Havre de Crace ma
			OR CREMATORY   23d. LOCATION (City, town or county) (Stete)
		REMOVAL (Specify)	Bel Air, Harford, Maryland
	211	Burial Feb. 21,1962 Mt. Zion	250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
1	17	formara K, all comes N	
		Howard K. Mc Comas & Son Abingdon, Maryl	and. DATE FEB 23 62 Culling & House



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CENTIFICATE OF DEATH

01969	CERTIFICATI	OF DEATH		01950_
1. PLACE OF DEATH	E (Whare dacassed lived, If institutions Re	sidanca befora edmission)		
a. COUNTY HARFORD	MARYLAND	a, STATE	b. COUNTY	200
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 1b	MARYIANI	HARFOF outside corporata limits, writa RURAL and	giva nearest town)
write RURAL and give nearest town)		V .		
Aberdeen Prov. Ground d. NAME OF HOSPITAL OR INSTITUTION (II not	13 Days	A berdeer	1	l e. IS RESIDENCE
	in nospilal, give siteel address/	d. SIRELI ADDRESS		ON A FARM?
US Army Hospital		#1 Rigdo	n Road	YES NO S
3. NAME OF First DECEASED	Middle	Last	OF	Dey Year
(Type or print) MARY	M .	WAISH	DEATH February	27 1%2
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 Y	
Female Cauc w	DOWED TO DIVORCED	Unknown 01	last birth ay) Months De	Bys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work	106. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (County	& State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
done during most of working life, even if thirad)	Whole House	Ireland	ISA 1	Naturalized
13. FATHER'S NAME	HOLE PYCELOL	14. MOTHER'S MAIDEN N		aoutalized_
John Dooner		Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addrass	
(Yas, no, or unkown) (Ifyes giva war or datas of sarvic	a)			
No No		omas walsh Jr	(Son) #1 Rigdon Rd.	Aberdeen, Mo
1B. CAUSE OF DEATH [Entar only one cause PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (a)	Brond	chopneumonia		2 weeks
443 X DUE TO				G-72 A M - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Conditions, if any, which (b)	Congestive Heart	t Failure		2 weeks
gave risa to immediate causa (e), stating the underlying DUE TO				Several
cause last. (c)	Hypertensive and	d Arterioscler	otic Heart Disease	vears
TARE II OTHER CICKING COMPLETOR				(a) 19. WAS AUTOPSY
ATIO				PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	), (Entar natura of injury in Pa	art I or Part II of item 18.)	1 2 2
OR CONTRIBUTING CAUSE OF DEATH				
	20d. INJURY OCCURRED   20e, PLA	ACE OF INJURY (Homa, farm,	201. (City or town) (Count	ry) (Stata)
20c. TIME OF INJURY Month, Day, Year Hour a.m.		tory, streat, offica bldg., atc.)	101. (61) 61 10111)	(0.0.0)
	at work at work		1	
21. I certify that 3 (this hospital)	attended the deceased from	Sebruary 14. 1	%2. 10 February 27 19.6	that (I) (we) last
saw the deceased alive on Februa	ry 27 19.62 and that	death occured a9:2	2021 rom the causes and on th	e date stated above.
22a. SIGNATURE		ATTENDING ME	D. STAFF	22b. DATE
/1	, A		RECTOR PHYS. X Februs	ry 27, 1962
22c. PHYSICIAN'S Check to	rankel.	22d. ADDRESS		
NAME (Type) ALHERT FRANKE	L. Captain, MC	US Army Ho	spital, Aberdeen Pr	ov Cd Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county)	(Stata)
(Shoval (Specify) 3/3/196	V Roldin Mo.	ucrail Farden	a- Bel Her The	ary and
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I		GNATURE
Tanning tomand W	ours Charden	Sud DATE MA	R 5 '62 willing &	
10011 ay 1 www. al on	seux - weightelle.	DATE	2.	7 VARIABLE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has be retained by the hospital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.

death. Page 4 pay be retained by the hospital or attending physician.

you death. Page 4 pay be retained by the hospital or attending physician.

You To Funeral.

AECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 5 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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Personal Parties design diedering

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Bining Days and

Consessing Dear Fellers

ON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institutions Residence before edmission) e. COUNTY MARYLAND the 12 death. pue b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 OWN (If outside corporate limits, write RURAL end give neerest town ON A FARM? E d hours YES NO X NAME OF completely DECEASED OF (Type or print) DEATH carbon 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthdey) pue Months Hours WIDOWED physician AL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME ease 2 attending and 0, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Myes give wer or detes of service) gned by the IB. CAUSE OF DEATH [Enter only one cause ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise to immediate ceuse DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY PERFORMED? 700. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCUBED. (Enter neture of injury in Part I or Port II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH NO X prior (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While Hour e.m. et work L 21. I certify that (1) (this hospital) attended the deceased from.... and that death occured at Q. M. from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATUR SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS FUNERA (Stete) OR CREMATORY OL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

DATE

Colours - - William Klast - Transfelo Milan - W. S. A. Museus MATO TO May and low Spect Harmaller listeriores the works, Marchat A. Waller of the state of mile the transaction of the second second the first the second of the second second 

#### FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exit the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or igs designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

OK

VS. AISME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1971 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04000

						332	
1. PLACE OF DEAT	H /		2. USUAL RESIDEN	ICE (Where dacessad livad,		nce before admission)	
a. coolin	Lord	***********	a. STATE	6. co	UNTY T	100/	
	outside corporate limits,	c. LENGTH OF STAY IN 16	- CITY OR TOWN	W	wy	PV V	
wy ita RURAL and	give neares town)	c. LENGIH OF STAT IN IB	c. CITY OK TOWN	(If outside corporete limits, wi	rita RURAL and give	nearest town)	
	Vada VRura		XXX	rocen	Rura	1	
d. NAME OF HOSPI	ITALOR INSTITUTION (If not In	hospitel, giva street eddress)	d. STREET ADDRESS			a. IS RESIDENCE	
						ON A FARM?	
3. NAME OF	First	Middle	1			YES NO	
DECEASED	B1.	A A	Last	4. DATE Moi	nih Day	Year	
(Type or print)	PINNCI	- M. Wp	77-4	DEATH / (1)	4)7.4	61962	
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 1 8.	DATE OF BIRTY	9. AGE (In year	IF UNDER LEAR	IF UNDER 24 HRS.	
	11/		211-15	last birthday		Hours   Min.	
10- USUAL OCCUPAT		WED DIVORCED	- 29 1 -	yrs.			
	TION (Give kind of work   10k	. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN C	OF WHAT COUNTRY?	
none			Penna		U.S.	٨	
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.5.	n.,	
	ah Like		The second secon	Shrubb			
(Yes, no, or unkown) I (	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IS	NFORMANT	Addre	968		
no	35.555.1160/	none T	homas C. Whe	Ahd And	ngdon Ma	ryl and	
	DEATH [Enter only one cause p	per lina for (a), (b), end (c),	HOMAS C. WIIC	NOI		TERVAL BETWEEN	
	H WAS CAUSED BY		22 - 1	c. 11		NSET AND DEATH	
	PART I. DEATH WAS CAUSED BY I WO 3- ON 3 - Y OCC 145, ON ONSET AND DEATH						
1720	DUE TO						
Conditions, if any	Condition if you will be						
geva rise to immed	iete cause						
(a), steting tha u	DISE				100		
cause last.	) (c)						
Z PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY	
PART II. OTHER						PERFORMED?	
2						YES NO	
20a. EXTERNAL CA		CRIBE HOW INJURY OCCURED. (E	nter nature of Injury In Per	rt I or Part II of itam 1B.)			
CAUSE OF DEATH.							
3 20c. TIME OF INJU	JRY Month, Dey, Yeer   20	d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Homa, ferr	m. ' 20f. (City or town)	(County)	(Stata)	
20c. TIME OF INJU			ry, street, office bldg., etc	:.)	(County)	(Siere)	
₹ p.m.	19 et 1	work et work					
21. I certify th	nat I took charge of the r	remains described above, hel	d an Autopsy ,	Inspection X. Inqu	iry , and	in my opinion	
	from: Natural causes						
2001110011001	1 (010101 (00000)	A Justin L					
	20 10	01	CHIEF MEDICAL	EXAMINER			
ACTUAL SIGNATURE	levale (	James	M.D. ASSISTANT MED	DICAL EXAMINER	Γ	DATE SIGNED	
			DEPUTY MEDICA	L EXAMINER	1 10 10		
EXAMINER'S NAME (Type)	verild 1	PIMPSIN	(1/)	city, town, or county)	- (0 -	1 4	
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, tow	a or country!	0	
REMOVAL (Spacify	)	The state of Cameran Ok	CHEMINIONI	220. EUCATION (CITY, 10W	in, or country)	(21010)	
Byrial	Feb. 8, 1962	Bel Air Memor	ial Gardens	Bel Air, Ha	rford. Ma	ryland.	
23 (FONERAL DIRECTO		ADDRESS		C'D BY REGISTRAR   246. RE	GISTRAR'S SIGNAT	URE	
1 0,000 00 1001-1		A3-33		19 '62 0	without S. Through	(A	
noward K.	Me Comas & Son	Abingdon Mary	land DATEFE				

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